

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09804210

FILING DATE  
03-15-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
(1)	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
(14)	1						64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
(19)	1						69					
20		1					70					
21		1					71					
(22)	1						72					
23		1					73					
24		1					74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	20	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	24						TOTAL CLAIMS					

BEST AVAILABLE COPY